

past twelve, every Tuesday and Thursday ; and of meeting *all* the surgeons on Saturday at noon. He recommended this arrangement to the consideration of the pupils, who were to let him know their opinions in the course of a week, and with the wish of the majority he would cheerfully comply.

Apothecary Aids.—Mr. Lloyd has lately, on several occasions, complained bitterly of the *non-supply of medicine* to patients, agreeably to the prescriptions. Patients have left the Hospital, and afterwards complained, that for many days they had not what was ordered for them. Others, yet in the Hospital, have been found in the same condition. On investigation, the abuse has been found to rest with *Master Wheeler*, the apothecary, who assumes to himself the right of making rules, with such *regal pomp*, that, unless such new-fangled regulations are sacredly complied with in all respects, were patients gasping their last, a particle of medicine is not permitted to pass from the shop ! The existence of these pedantic rules often remains unknown for a very considerable time, and, when disclosed, these laws are not only incomprehensible to the nurses and dressers, but, as they say, would require and even puzzle *Old Harry* himself to understand. Why is it that governors, surgeons, and dressers, are to be thus treated by this functionary, and the lives of patients tampered with in such a manner ? Does not this require the authoritative interference of the Governors ? If they are ignorant of the “growing evil,” ought not the surgeons, who have a dignity to sustain, at once to call for their interposition ?

Post-mortem Examinations.—The pupils are unceasing in their complaints respecting the uninstructional manner in which this very important subject is regarded. Examinations are rare ; and those which do take place are conducted in the *most irregular* manner. Mr. Weekes, the house surgeon, on entering into office, tendered his services to make these examinations regularly at a given period of the day, and to keep notes of every case. Mr. Lloyd has repeatedly made a similar tender, yet this branch of instruction, it may be said, is wholly unattended to. Mr. Lloyd stated to the pupils, in the wards, the other day, that he should again make an offer of his services. He thought he should be able to prevail on the Governors to make an order, that *all* dying in the house should be examined ; if not, at any rate, that he should be at liberty to make the examination in all cases where it was possible to effect it without such an order, and that even then essential advantage would be afforded to the student. How desirable to the body of

pupils would this be ! On what ground, or pretence, is it that the Governors, who must be the only individuals to blame, do not pass such a regulation as will ensure to the pupils this important right, which they pay dearly for, and which justice alike to themselves and the community entitles them to demand ? Do the Governors entertain a dread of making the young men too well qualified to practise the healing art ? Some miserably morbid notion must exist in their minds on this point, which it is earnestly hoped they will speedily be relieved from.

Regularity in Dressing.—It has been considered, that it would be of great use to the pupils at large, if some particular period of the day were named for the dressers to begin their duties ; because then the pupils would know when they might have the opportunity by attending, of seeing, and examining any cases they might deem important. Some such regulation as this would, no doubt, be particularly serviceable

ISLINGTON DISPENSARY.

DR. GARDEN, or GORDON, has resigned the office of Physician, and Mr. WILLIAM KINGDON that of Surgeon, to this institution. The Committee having resigned also candidates for these offices had better address themselves to the GOVERNORS, through the medium of the newspapers ; otherwise their applications may get into improper channels.

A CASE OF HYPERTROPHY AND RUPTURE OF THE URINARY BLADDER.

By ARTHUR GARRY, M.D.

BENJAMIN MORGAN, ætat. thirty-two, of the sanguineo-melancholic temperament small in stature, but stoutly made, had gonorrhœa about five years ago, of which he was quickly cured ; but shortly after the stream of his urine became smaller than usual. It continued so for a length of time, but as he suffered no pain, he did not consider that any evil consequence would result. He continued in this state for more than three years, without any unpleasant symptom exhibiting itself, more than that he was obliged to increase his efforts to discharge the contents of the bladder. Within the last year, the difficulty in passing urine became much greater, and, at intervals, was somewhat distressing ; but it

never amounted to an actual stoppage till the present attack. During all this time he pursued his business—that of a newsman, serving newspapers at the houses of citizens and at public offices, his general health being pretty good. He occasionally indulged in the use of spirituous liquors, but was not a habitual tippler. He never took medical advice for the urinary symptoms, as he considered his disease to be gravel, which, though it might annoy him, yet he believed it would never kill; hence he neglected to take any remedy.

When I was called to see this man on Friday, the 25th ult., at 22, Charles Street, I learned the above particulars. I found him in great agony: his abdomen was greatly distended, and so painful that the slightest touch occasioned him to scream; there was at intervals, or when he took any drink, violent vomiting; his pulse was quick and tremulous, his countenance miserably anxious, and his breathing very much hurried. These symptoms, as I was informed, came on rather suddenly. The evening before, he was in his usual state of health, and went to stool, when, without any previous pain, he felt something, as it were, jump up suddenly in his belly; and from that moment he became unable to pass any urine, neither could he discharge the contents of the bowels. After some little time his belly swelled, and he was very sick. An apothecary was sent for, who introduced, or attempted to introduce, a catheter; for I could not learn whether the instrument had passed into the bladder or not. No urine, or *feces*, had been discharged for nearly twenty-hours before I saw him. I attempted to introduce a tolerable-sized catheter which I had with me, but I found it impossible to get it in further than about two inches and a half, the urethra being hard and contracted within that distance of its orifice. From the great distention of the abdomen, the feel of fluctuation even as high as the epigastric region, and the man stating that he did not feel as if he had any water to make, I was led to suspect that the bladder had burst. While I went to obtain a small sized catheter, I ordered him to be bled, to have pills of colocynth, calomel, and opium, followed by a terebinthinate enema, and to have occasional doses of effervescing mixture. I also directed that a warm bath should be procured. On my return, I found that the medicines had produced one copious defecation, but no urine had passed; and he expressed himself much relieved by the bleeding and the discharge from his bowels. As a warm bath could not be procured, I tried without, to introduce a very small-sized catheter, which, after much resistance and some delay, I got into the bladder, but no water came. This confirmed my suspicion

that the bladder had burst. I felt something opposed to the end of the instrument, which, from its elastic feel, I thought to be a polypus of the bladder. I withdrew the instrument, and gave my opinion to his friends that his life could not be preserved. In the course of the evening all his symptoms became aggravated; violent stercoraceous vomiting came on, and he expired in the course of the night. I obtained leave to open the body the next day, when the following appearances were observed:—On cutting through the parietes of the abdomen into its cavity, there issued out about three quarts of urine. The peritoneum was much thickened with flakes of coagulable lymph dispersed upon it. The villous coat of the stomach was very vascular, and somewhat thickened. The lining of the duodenum was more vascular than natural; but, on the whole, there were little more than signs of incipient inflammation throughout the remainder of the intestinal canal, which was occupied entirely by flatus. I put down my hand into the pelvis, to feel for the bladder, and discovered it projecting a little from under the pubes, in the form of a hard, scarcely elastic mass, like to a schirrus uterus. By removing the intestines, I viewed it *in situ*, and on the posterior part I found it thin for about an inch square, in the middle of which was a hole with three flaps, evidently produced by rupture. There was no mark of ulceration. The sides, in all directions, with the exception of this small portion, were increased in thickness to about half an inch, hard, and almost as unyielding as cartilage. In cutting, it offered much resistance to the knife, giving a sensation to the hand as if the blade was passing through bundles of whip-chord. The interior presented large bundles of white strong chords, resembling small catgut strings, intersecting each other like the *musculi pectinati* in the heart, but more prominent, and leaving the interstices more marked and deeper. The mucous covering on those was smooth and glossy, but scarcely thickened. The cavity of the organ was lessened in all directions, and could not contain more than four or five ounces of fluid. The space on the posterior part, which remained thin, was the only portion which was yielding, and this seemed to have been much stretched before it gave way. Round the spot where the rupture took place, the characteristics of the parietes of this organ were lost; as, by the slightest press with the finger, it would tear with edges, as if a cutting instrument had been applied. As I was anxious to get it away, for the purpose of making a preparation, I was obliged to effect my purpose clandestinely, and with expedition, and I cut it out, taking the prostate gland with

it. This gland was a good deal diseased, having a proportionable increase in size to the coats of the bladder. It was hard and unyielding, and cut like semicartilage. If cut from the bladder, by itself it would weigh about an ounce. There were several strictures of long standing in the course of the urethra, and it was these, and the diseased state of the prostate gland, which gave such resistance to the introduction of the smallest sized catheter. The ureters were enlarged to some distance up from the bladder. I did not get time from the friends to examine the kidneys, and all I could learn was, that the man never complained of any unpleasant sensation in the regions of these organs during life. I have made a preparation of the bladder and prostate, which I have presented to my talented friend, Dr. Davis, of this city, for the instruction of his pupils.

The only inference which I would venture to make from the preceding imperfect detail, is, that the strictures in the urethra were the primary cause of the increased growth of the bladder. They continued for more than four years, offering resistance to the passage of the urine, and consequently for the same space of time the muscular fibres of the bladder were excited to more than usual efforts to overcome by their force, the resistance which was made. Increased exercise of muscular fibres, caused them to increase in strength and growth. Here there was evident cause for the more than ordinary exercise of the muscular fibres of the bladder, and the result was a more than ordinary thickness and strength. I do not think it surpassing probability to believe, that, if the strictures had been attended to in time, and had been cured, that the morbid growth of the parietes, and the other morbid appearances of the bladder, never would have come on.

Upper Ormond Quay, Dublin,
7th August, 1828.

GUY'S HOSPITAL.

CASE OF PSOAS ABSCESS TREATED BY INJECTION.

JOHN COGLE, ætat. 23, by occupation a paper-maker, of spare habit, fair complexion, and scrofulous appearance, was admitted into Lazarus Ward on the 21st of May, under the care of Mr. Key.

He stated, that about 15 months since, as he was tightening a screw, the instrument slipped, and in the sudden jerk which he received, he felt that he had wrenched his back, as he termed it. He was immediately

seized with severe pain, which obliged him to relinquish his work for a few days. The pain, which continued upwards of three months afterwards, became of a dull aching character, and extended downwards on the inner side of the thigh. At the expiration of about four months from the receipt of the injury, it entirely left him; but shortly afterwards, a tumour appeared in the groin. This continued to increase during eight months, and by degrees it extended itself low down upon the inner side of the thigh. Up to this time, however, he persevered in following his employment. At length his health became so exceedingly impaired, and he found himself so unable to work, that he consulted Mr. Castle, of Bermondsey, under whose care he remained a short time, and then applied to the Hospital.

At the time of admission, the tumour, which occupied the inner side of the thigh, was of considerable size, and easily dilated on coughing. The integuments covering it were soft, and yielding; and at one part red and inflamed. In a few days after admission, it burst, and nearly two quarts of purulent matter escaped. The patient was pale, and very much emaciated; the bowels were tolerably regular, but the appetite was defective; the pulse small, quick, and feeble; tongue white in the centre, but red at the tip and edges, and the papillæ were slightly raised. The cheeks were frequently flushed, the pupils dilated, and the countenance shrunk and wan. He had evening exacerbations and morning sweats, and, indeed, all the symptoms of hectic. The urine was high-coloured, and deposited a brick-dust sediment. He was immediately put upon a generous diet. Ordered to take of the sulphate of quinine one grain; eight drops of the diluted sulphuric acid, with two ounces of the infusion of roses, twice a-day, and wine and porter daily.

June 4. The opening in the abscess had nearly closed, and Mr. Key, on examining the part, found that the fluctuation heretofore felt on coughing, no longer existed, although there were 3 or 4 ounces of pus under the integuments. The bag of the abscess was thin and flaccid, and the secretion of the pus had evidently decreased. The patient said, he thought he felt a little better, but his symptoms were but very little ameliorated. The bowels were costive. Mr. Key wished that what pus was left in the cyst should be evacuated, and that a lotion, composed of two grains of the sulphate of zinc to two ounces of water, should be injected once a day into the cyst. The limb to be bandaged with a roller carried up to the groin, in order to produce, if possible, cohesion of the sides of the cavity. The patient was ordered to take two grains of the sulphate of quinine,